

CLAIMS ONLY						Application Number 10/743589	Filing Date	
						Applicant(s)		
						* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1						61		
2						62		
3						63		
4						64		
5						65		
6						66		
7						57		
8						68		
9						69		
10						60		
11						61		
12						62		
13						63		
14						64		
15						65		
16						66		
17						67		
18						68		
19						69		
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32						82		
33						83		
34						84		
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36						86		
37						87		
38						88		
39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
Total Indep			4			Total Indep		
Total Depend			14			Total Depend		
Total Claims			18			Total Claims		